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NOTICE OF ALLOWANCE MAILED			Total Claims		Print Claim for O.G		
		Assistant Examiner		DRAWING			
ISSUE FEE		4	Sheets Drwg.	Figs.Drw	9. -/		
Amount Due	Date Paid			<u> </u>			
		Primary Examiner					
TERMINAL DISCLAIMER			Application Examiner				
		PREPARED FOR ISSUE					
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